

03-293726

PERMIT

P 25426

A 23506

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3rd

DATE 3/17/77

6/13/77

around 11 or 11:30 A.M.

INDEXED

Liberty Backhoe Service IS PERMITTED TO INSTALL ALTER

ADDRESS 7311 Brangles Road, Marriottsville, Md. 21104 PHONE 795-2642

A SEWAGE DISPOSAL-SYSTEM LOCATED AT

SUBDIVISION ROAD 12478 Indian Hill Drive LOT *PO Box 176 West Friendship 21794*

PROPERTY OWNER Dr. Julian Reed

ADDRESS 44-D Wyndmoor Place, Baltimore, Md. 21207 Phone: 944-9484

SPECIFICATIONS 4 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1250 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER DRY WELL - 660 sq. ft. absorbent sidewall area to begin below the first 4 ft. of original grade. Maximum depth permitted for dry well is 12 ft. below original grade. Place the dry well at point 270 ft. from right-of-way road and 210 ft. from left sideline as seen when facing lot from right-of-way road.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON. PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

PLANS APPROVED BY Donald W. Monaghan & Hal Benson DATE 7/28/76

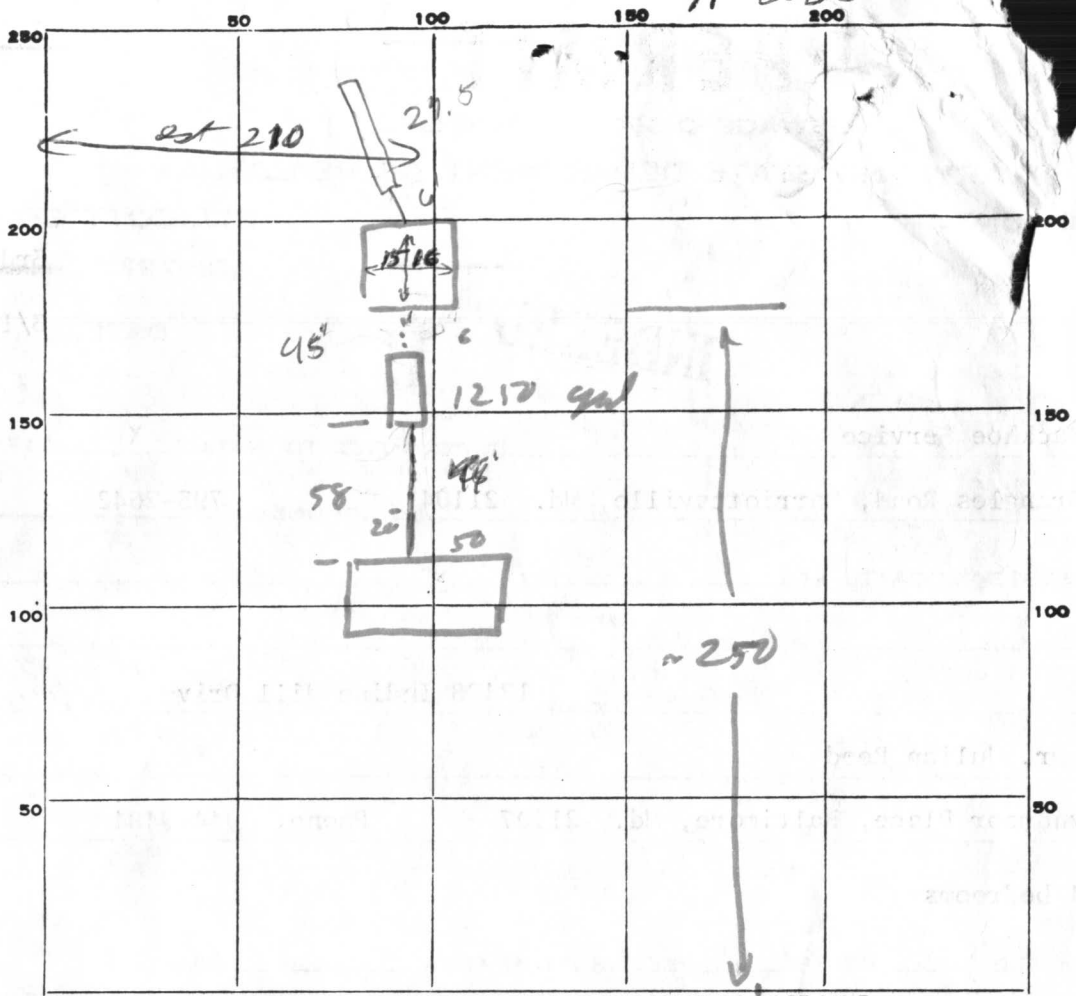
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

A 23506

A 23506

38
58
464
14
14
15
15
58
D.C.
740
max
4'
12'
8
Area 4
10 4'
11 1/2'



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD S1140 Rw

SEPTIC TANK, LEVEL CLEANOUTS ST DW

DISTRIBUTION BOX, LEVEL NA

TILE FIELD, DEPTH 12 FT. TRENCH WIDTH 2' FT.

GRAVEL DEPTH 8' IN. TOTAL LENGTH 27' FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 216

SEEPAGE PITS, INSIDE DIAMETER Perimetry 58 FT. DEPTH BELOW INLET 8 FT.

ABSORBENT AREA 464 SQ. FT.

Inspection
4/11/04

REMARKS 6/10/77 DW pit dug, S.T. present; complete work of cell
for mag R.M. 6/11 4 1/2 x 8 1/2 x 4 1/2' deep
6/13 system ok

DATE SYSTEM APPROVED 6/13/77 INSPECTOR D.P. O'NEILL

APPLICATION

A 2.3506

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 3

DATE 6/29/76

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Julian W. Reed m.p.

ADDRESS 448 Wyndmoor Place Balto Md PHONE 944-9484

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. Parcel B

ROAD AND DESCRIPTION Indian Hill Drive ES

SIZE OF LOT 5 acres TYPE BLDG. 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT Julian W. Reed m.p.

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

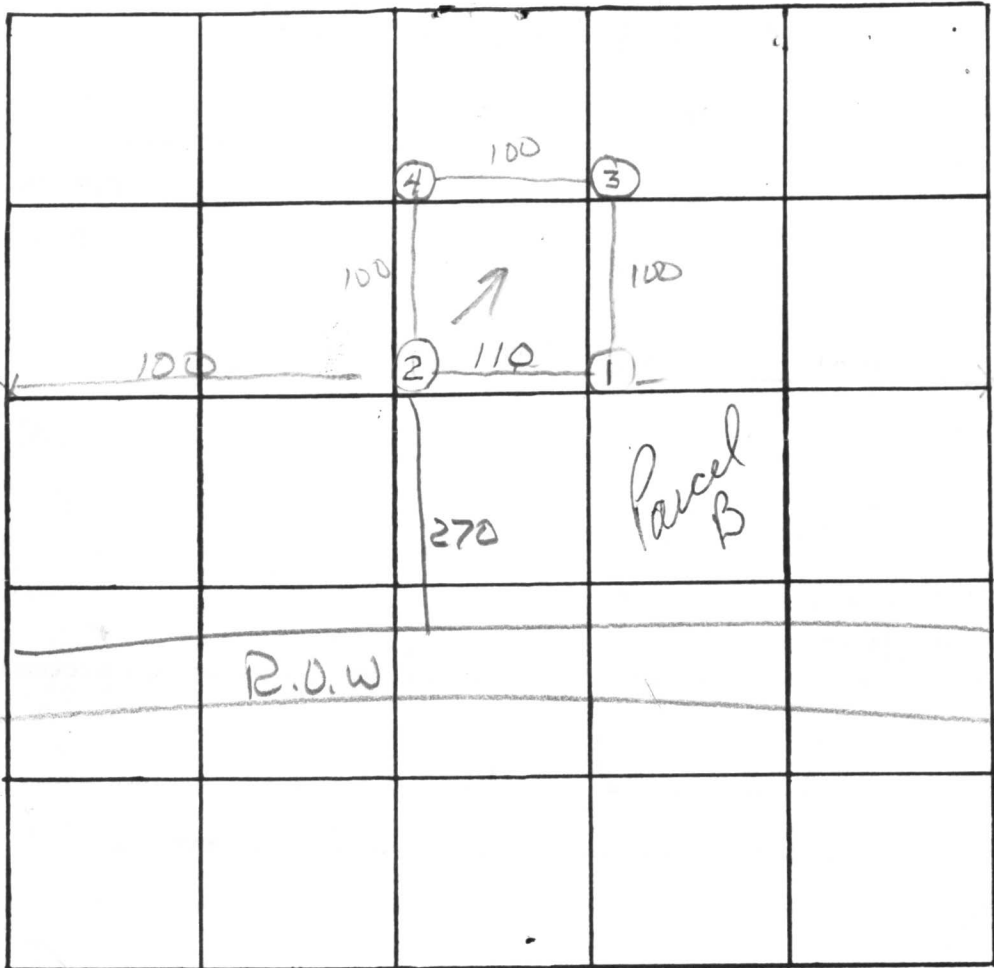
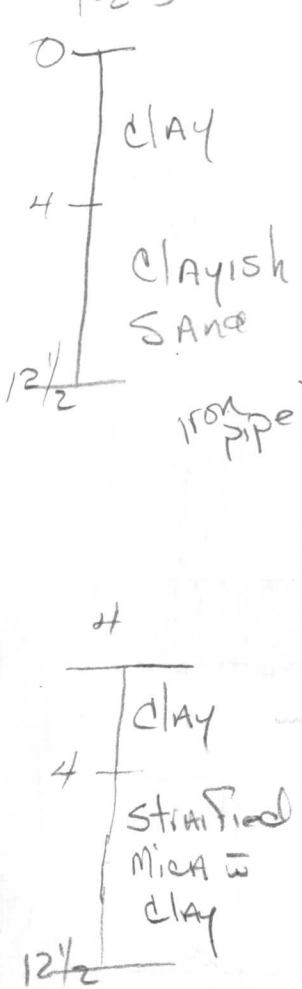
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Hole
1-2-3

A 2350.6



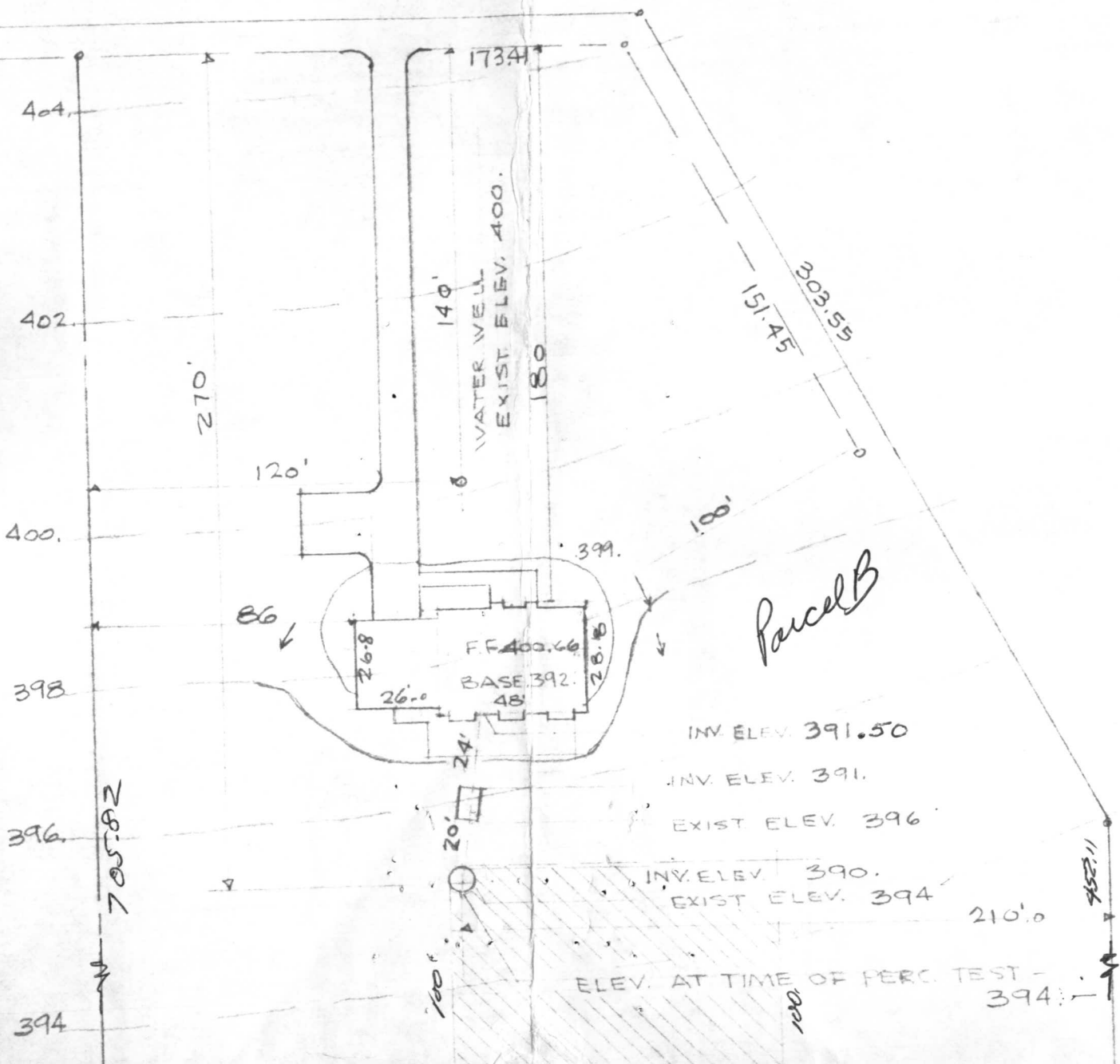
Dry Julian Reed
Sacramento
12478
Indian Hill Dr.

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7-28-76	1s	12 1/2	10:05	10:09	10:09	10:17	6	
	1d	4 1/2	10:06	10:10	10:10	10:27	17	
	2s	4	10:20	10:25	10:25	10:37	12	
	2d	12 1/2	10:19	10:37	10:37	11:07	30	
	3s	5	10:45	10:51	10:51	11:03	12	
	3d	13 1/2	10:40	10:47	10:47	11:05	17	
	4	12 1/2	water poured into hole					
			dropped approx 2' in 15 min					

High

REMARKS lot had 5 foot weeds
 TYPE OF SOIL see profile - max depth 11' as per DM.
 TESTED BY hal benison ALSO PRESENT: _____



C 1 **8831** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER **23506**

DATE RECEIVED (WRA USE ONLY) _____

DATE WELL COMPLETED **9-29-76**

DEPTH OF WELL **150** (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" **HC-73-1606**

DRILLERS IDENTIFICATION NO. **120**

OWNER **FLORIAN, ROBERT** LAST NAME **Julian Reed M.D.** FIRST NAME

STREET OR RFD **4911 BONNIE BRANCH ROAD** POST OFFICE **ELLCOTT CITY, MD**

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
OVERBURDEN	0	8	
BROWN SHALE	8	53	
GRAY ROCK	53	150	X

Casing 55' above, 2' 50' open

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT C M BENTONITE CLAY B C

NO. OF BAGS **14** NO. OF POUNDS **1400**

GALLONS OF WATER **84**

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM **0** FT. TO **55** FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T CONCRETE C O

PLASTIC P L OTHER O T

MAIN CASING TYPE S T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **6**

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **55**

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T BRASS OR BRONZE B R OPEN HOLE H O

PLASTIC P L OTHER O T

DEPTH (NEAREST WHOLE FOOT)

FROM **55** TO **150**

SCREEN TYPE OR OPEN HOLE

DIAMETER OF SCREEN **55** (NEAREST INCH) FROM _____ TO _____

CIRCLE APPROPRIATE BOXES

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME **G. EDGAR HARR SONS CORP**

SIGNATURE *[Signature]*

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX **68** F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING T W Q

LOG INDICATOR 70 72 74 75 76

OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **6**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **12**

METHOD USED TO MEASURE PUMPING RATE **AIR**

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING **30** (NEAREST FOOT)
 WHEN PUMPING **140** (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
 A AIR P PISTON T TURBINE
 C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)
 J JET S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) _____

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (NEAREST FOOT) _____

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE (NEAREST FOOT)
 BELOW }

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

PITLESS ADAPTER